## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC ¬P.O. Box 19928

Alexandria, Virginia 22320 Telephone: (703) 836-6400 Facsimile: (703) 836-2787

Attorney Docket No.: 110023

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## BOX PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL RULE \$1.53(b)

Director of the U.S. Patent and Trademark Office Washington, D.C. 20231

Sir

DING A COLOR OF CALL

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

By (Inventors):

For (Title): HEALTH MONITORING

> Paul ANUZIS, Steve P. KING, Dennis M. KING, Lionel TARASSENKO, Paul HAYTON. Simukai UTETE

Formal drawings (Figs. 1-10; 6 sheets) are attached.

Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. This patent application is assigned to ROLLS-ROYCE PLC.

The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith.

Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith.

Please amend the specification by inserting before the first line the sentence -- This nonprovisional application claims

Priority of foreign application No. 0016561.3 filed July 5, 2000 in GREAT BRITAIN is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application(s) is filed herewith.

This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

 $\boxtimes$ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

NO. FILED	NO. EXTRA	
21 - 20	= 1	
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	\$ 355	<u>OR</u>		\$ 710	
9 =	\$	<u>OR</u>	x 18	\$ 18	
40 =	\$	<u>OR</u>	x 80	\$ 240	
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TOTAL	\$	<u>OR</u>	TOTAL	\$ 968	

Check No. 120623 in the amount of \$968.00 to cover the filing fee is attached. Except as otherwise noted herein, the Director is hereby authorized to charge any other fees that may be required to complete this filling, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached

> fully submitted. sistration No.

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